

Medicare + GEHA



GEHA[®]

Protect yourself from unexpected
health care expenses.



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Retire with great health care coverage

You've reached retirement age — the dawn of the golden years. Medicare can now cover many of your health care costs, but even Medicare has its limitations.

Know what Medicare doesn't cover:

- Deductibles and coinsurance
- Extended hospital stays
- Fees higher than the Medicare-approved amount
- Routine dental work
- Health care while you travel outside the United States

How GEHA helps

These costs can add up quickly. A GEHA plan can help absorb some of the costs. Combine your Medicare coverage with GEHA's Standard, Elevate Plus or High plan and your GEHA coverage picks up where Medicare stops. GEHA can help pay for many of your health care expenses that are not covered by Medicare.

For more than 84 years, GEHA has been working for federal employees and retirees. We're dedicated to providing the medical plan you need to help you enjoy a happy, healthy retirement. With GEHA as your secondary payer, you can be assured that your health coverage is a complete plan.





Facts about Medicare

- Medicare is a health insurance program provided by the federal government.
- If you are age 65 or older and entitled to monthly Social Security benefits, you may be eligible for Medicare.
- You also may be eligible for Medicare if you are under age 65 but have certain disabilities, or if you have end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has multiple parts:

- Part A is hospital insurance.
- Part B is medical insurance. Medicare Part A or Part B is also called “Original Medicare.”
- Part C is the “Medicare Advantage Plan.” Medicare Advantage offers private health care choices from some HMOs and regional PPOs.
- Part D is a prescription drug program. Private insurance companies provide benefits.

The most current information about Medicare costs, including premiums, deductibles, coinsurance and copays can be found at [medicare.gov/your-medicare-costs/medicare-costs-at-a-glance](https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance)

Medicare Part A

Most people receive Medicare Part A without paying monthly premiums because they or their spouses paid Medicare taxes during their working years. However, Medicare Part A members will pay deductibles and coinsurance amounts.

Medicare Part A helps pay for:

- Inpatient hospital care
- Inpatient care in a skilled nursing facility
- Some home health care
- Some hospice care

If you continue to work after turning age 65, you should consider applying for Medicare Part A. There is generally no premium for this coverage, and it could reduce your out-of-pocket costs for certain services such as hospitalizations. Your Federal Employees Health Benefits Program (FEHBP) carrier would be your primary payer, and Medicare would be your secondary payer. Please note, if you are participating in a health savings account, you'll become ineligible for continued contributions if you elect to participate in Medicare.

Medicare Part B

You will pay a monthly premium for Medicare Part B coverage. You do not have to take Part B; it is a voluntary program. However, if you do not take Part B when you are first eligible, you will pay higher monthly premiums when you do sign up for it. If you are still employed when eligible or plan to work past 65, there is likely no penalty to sign up when you decide to retire.

Medicare Part B pays only a portion of the cost of your medical care. You still must pay premiums, deductibles and coinsurance

amounts. The monthly premium amount that you pay is only about one-fourth the actual cost of the program; the federal government covers the remaining cost.¹

Part B premiums are based on your adjusted gross income. Higher-income beneficiaries pay higher premiums for Part B coverage. Currently, this affects less than **5%** of people with Medicare. The other **95%** of Part B beneficiaries pay the standard premium.²

Medicare Part B helps pay for medically necessary:

- Doctors' services
- Outpatient hospital care
- Laboratory services
- Diagnostic tests
- Durable medical equipment
- Physical and occupational therapists' services
- Many other services not covered by Part A

Medicare Part C

(Medicare Advantage Plan)

Medicare Advantage refers to the various private health plan choices, including HMOs and regional PPOs, which are available to Medicare beneficiaries. These Medicare Advantage Plans are available in some areas of the country and have varying benefit coverage, depending on the plan.

1 Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rates, and Annual Deductible Beginning January 1, 2020, 84 Fed. Reg. 219 (November 13, 2019).

2 Social Security Administration (2019). Medicare Premiums: Rules For Higher-Income Beneficiaries.



Medicare Part D

(Medicare Prescription Drug Program)

Medicare Part D helps you pay for prescription drugs. Most plans include both generic and brand-name drugs. However, not all drugs are covered by all plans. If you choose to buy a Medicare prescription drug plan, make sure that the prescription drugs you use are included in that plan's list of covered drugs.

Medicare Part D, the prescription drug program, is also a voluntary program. Most people will pay a monthly premium for Part D. To get Medicare prescription drug coverage, you must choose a prescription drug plan from those available in your area. Costs of those plans vary according to plan and location. For help in choosing a prescription drug plan, go to the Medicare website at [medicare.gov](https://www.medicare.gov) or call [1.800.MEDICARE](tel:1800.MEDICARE).

If you do not join a Medicare prescription drug plan when you are first eligible, you will have to pay a penalty unless you maintain creditable coverage that is at least as good as Medicare prescription drug coverage. GEHA's prescription drug coverage meets this requirement.



As long as you keep your GEHA medical plan, you do not have to join a Medicare drug plan now or when you are first eligible, and will not have to pay a penalty for Medicare prescription drug coverage if you decide to join a plan later.

Most GEHA members in the Elevate Plus or High plan find that the plan's prescription coverage is enough and that they do not need the added expense or coverage of the Medicare Part D drug plan. On the other hand, some GEHA members in the Standard plan choose to add Medicare Part D because they find the combination of both plans still saves them money out-of-pocket. Your individual situation is unique and should be considered before making the right choice for your needs.

If you are a GEHA member and are enrolled in Medicare Part D, use an in-network pharmacy and show both your GEHA ID card and your Medicare ID card so the pharmacy can coordinate benefits on your behalf.



Medicare + GEHA

Combine Medicare coverage and GEHA coverage for even better protection.

Even if you plan for the unexpected, an unforeseen event can still prove financially devastating. A sudden hospital stay, a prolonged illness or a major surgical procedure can overwhelm even a carefully balanced budget. But GEHA coverage can help pay for expenses not covered by Medicare.

GEHA coordinates with Medicare for all five of its medical plans. GEHA waives deductibles, copays and coinsurance for Standard, and Elevate Plus or High plans, but not for Elevate or HDHP. By law, if you have Medicare, you are not eligible for a health savings account, or HSA. If you choose GEHA's HDHP, however, you will be eligible for an HRA, or health reimbursement arrangement. Review the GEHA plan brochure for more information.

In-network or not?

When Medicare is primary and you have a GEHA Standard, Elevate Plus or High plan, in most instances, you receive the same benefits whether you use providers in the GEHA network or out of the network. You're free to use any provider you choose, anywhere you go. However, using the GEHA network helps control overall plan costs. The GEHA nationwide network includes more than a million health care providers, yours is probably one of them. You'll find the most current listing on our website at geha.com/Find-Care

GEHA works with Original Medicare (Part A & Part B)

When original Medicare is the primary payer, Medicare processes your claim first. Usually, your claim will be coordinated automatically and GEHA will then provide secondary benefits for covered charges. When you are enrolled in GEHA's Standard, Elevate Plus or High plan, GEHA will waive or reduce some out-of-pocket costs if Medicare is your primary payer for Part A, Part B or both.

- **Inpatient hospital benefits** — We waive the deductible, coinsurance and copays if you are enrolled in Medicare Part A.
- **Medical and surgery benefits and mental health or substance abuse care** — We waive the deductible, coinsurance and copays if you are enrolled in Medicare Part B.
- **Office visits with in-network providers** — We waive the copayments if you are enrolled in Medicare Part B.
- **Prescription drugs** — For covered prescriptions from participating retail pharmacies or through the CVS Caremark Mail Order Pharmacy, you pay a reduced copayment and coinsurance if you are enrolled in GEHA's High plan.



When you are enrolled in GEHA's Standard, Elevate Plus or High plans and Medicare Part A & B is your primary payer, GEHA will pay, up to plan limits, for:

- Routine physicals and checkups
- Routine dental exams
- Immunizations and covered self-administered drugs (see plan brochure for pharmacy guidelines)
- Medical and hospital services provided outside the United States

GEHA works with Medicare Part C

(Medicare Advantage Plans)

You may enroll in a non-FEHBP Medicare Advantage plan and also enroll in GEHA's Standard, Elevate Plus or High plan. If your Medicare Advantage plan is your primary insurance, GEHA Standard, Elevate Plus or High plan pays secondary.

GEHA will provide benefits, even out of your Medicare Advantage plan's network and service area, but will not waive deductibles and coinsurance for services provided through the Medicare Advantage plan.

Let GEHA know if you are enrolled in a Medicare Advantage plan so we can correctly coordinate your benefits.



GEHA works with Medicare Prescription Drug Plans (Part D)

If you choose to enroll in Medicare Part D, you must choose a Medicare Prescription Drug Plan from a list of plans available in your area.

- **If you are a GEHA member and are enrolled in Medicare Part D**, use an in-network pharmacy and show both your GEHA ID card and your Medicare ID card.
- **If you enroll in Medicare Part D and GEHA is the primary payer**, GEHA will process the prescription drug claim first. Present your GEHA ID card to the pharmacy.
- **If you enroll in Medicare Part D and GEHA is the secondary payer**, GEHA will review claims for your prescription drug costs not covered by your Medicare drug plan and consider them for payment under your GEHA plan. Present your Medicare Part D and GEHA cards to the pharmacy.

To find a plan, or to estimate drug costs, use the drug plan finder and drug plan comparison tool at [medicare.gov](https://www.medicare.gov)

Filing claims with Medicare and GEHA

When you have Medicare and a GEHA plan, most of your claims can be filed electronically by GEHA Express® (excluding Medicare Part D). This means you usually won't have to do a thing.

We'll send you an explanation of your benefits, showing:

- What services were approved
- What amount was applied to your deductible (if applicable)
- How the insurance carriers made the payment
- What amount, if any, remains your responsibility



For more information about the electronic claims filing process, contact GEHA Express® at [800.282.4342](tel:800.282.4342).

Medicare reimbursement account (MRA)

GEHA members who are enrolled in the High plan and in both Medicare Parts A and B — and who can show proof they have paid Medicare Part B premiums — are eligible to submit a claim for Part B reimbursement up to **\$1,000** in 2023. To learn more, visit geha.com/MRA



Filing paper claims

If you choose not to use the electronic claims filing option, here's the most convenient way to file paper claims:

- **If Medicare is your primary medical plan coverage**, submit your claim to Medicare first. After paying benefits on the claim, Medicare will send you a Medicare Summary Notice (MSN). Send the MSN, plus copies of all related bills, to GEHA for processing. GEHA cannot process your claim without the Medicare Summary Notice.
- **If GEHA is your primary medical plan coverage**, submit the bills to GEHA first. After processing your claim, GEHA will send you an Explanation of Benefits (EOB). Send the EOB plus copies of all related bills to Medicare for processing.
- **If you are unsure which is your primary medical plan coverage**, please refer to your plan brochure or call GEHA at [800.821.6136](tel:800.821.6136).

IMPORTANT: If you go back to work and have health care coverage through your new employer, GEHA is required to coordinate coverage with your other health plan. It is your responsibility to notify GEHA of your other health care coverage. Call GEHA at [800.821.6136](tel:800.821.6136) with any changes to your enrollment information.



Tips for quick and accurate claims processing

- 1) Read all forms carefully before completing them.
- 2) Provide all information requested on the claim form. Forms from the provider's office should show:
 - Name, address and telephone number of the provider (if multiple providers are listed as part of a group practice, circle your doctor's name)
 - Place and date of service
 - Your name, your Medicare identification number and other health insurance identification numbers
 - Itemized and total charges for services performed
 - Specific diagnoses or descriptions of all services performed
- 3) Submit copies of your bills unless originals are required.
- 4) Submit your bills separately from your spouse's bills. A claim may include more than one service performed on the same day, but a separate claim form must be submitted for each covered person.
- 5) Be sure to sign in each place that your signature is required.
- 6) Make and keep copies of all claim forms and bills submitted.

Helpful resources

Questions about GEHA medical benefits?

Resource	Phone number	Website
GEHA Customer Care	800.821.6136	geha.com

Questions about Medicare benefits?

Resource	Phone number	Website
Social Security office	800.772.1213	ssa.gov medicare.gov

Questions about how Medicare works under the Railroad Retirement system?

Resource	Phone number	Website
Railroad Retirement Board office	877.772.5772	rrb.gov



GEHA's video series, Retirement and FEHB, explains how the FEHB program works in retirement. Watch now at geha.com/Videos

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geha.com/Medicare

800.821.6136

    /gehahealth

 /company/gehahealth

This is a brief description of the features of GEHA's medical plans. Before making a final decision, please read GEHA's Federal brochures (RI 71-018, RI 71-014, RI 71-006), available at geha.com/PlanBrochure. All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.

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